



State of Wisconsin • DEPARTMENT OF REVENUE

STATE INSTANT DEPOSIT PROGRAM

Bank number input form

MAIL COMPLETED FORM TO:
Bureau of Property Tax
Local Government Services Section
PO Box 8971
Madison, WI 53708-8971
Fax: (608) 264-6887

INSTRUCTIONS:

1. Complete Section I to identify taxation district/county submitting this form.
2. Choose either option "A" or "B." Complete left-hand portion of form to identify current information. Complete right-hand side of Section II for changes.
3. *If option "A" is chosen:* Take form to your bank and secure a signature from a bank official to verify accuracy of your account numbers. Attach a preprinted deposit ticket. Then mail to the above address.
4. *If option "B" is chosen:* Send completed form directly to the Department of Revenue and we will obtain account verification from the State Treasurer. You must be a member of the Local Government Pooled Investment Fund **first**. Contact the Office of the State Treasurer for details.
5. Section III, sign and date the form. Enter contact person and telephone number.

SECTION I – IDENTIFICATION

NAME OF TAXATION DISTRICT OR COUNTY	CO-MUN CODE
ADDRESS - STREET, CITY, STATE, ZIP	

SECTION II – ACCOUNT INFORMATION (Choose Option A or B)

REQUESTED EFFECTIVE DATE

____ / ____ / ____
MONTH DAY YEAR

Option A ☐ Local Financial Institution

Current or 1st Time	Requested Change
FINANCIAL INSTITUTION	FINANCIAL INSTITUTION
BRANCH (IF ANY)	BRANCH (IF ANY)
STREET ADDRESS	STREET ADDRESS
CITY, STATE, ZIP	CITY, STATE, ZIP
BANK ROUTING NUMBER (9-DIGITS)	BANK ROUTING NUMBER (9-DIGITS)
DEPOSITOR ACCOUNT NUMBER <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	DEPOSITOR ACCOUNT NUMBER <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
SIGNATURE OF BANK OFFICIAL	DATE SIGNED

Option B ☐ Local Government Pooled Investment Fund

LOCAL GOVERNMENT POOL NUMBER		LOCAL GOVERNMENT POOL NUMBER	
SUB-ACCOUNT NUMBER		SUB-ACCOUNT NUMBER	
ROUTING NUMBER	DEPOSITOR ACCT. NO.	ROUTING NUMBER	DEPOSITOR ACCT. NO.
STATE USE ONLY	STATE USE ONLY	STATE USE ONLY	STATE USE ONLY
SIGNATURE-STATE TREASURER'S OFFICE		DATE SIGNED	

SECTION III – CERTIFICATION

I HEREBY AUTHORIZE the State of Wisconsin, hereinafter called STATE, to deposit directly to the organization's account at the depository named above or the Local Government Pooled Investment Fund administered through the Office of the State Treasurer, hereinafter called DEPOSITORY, to credit same to such account. The STATE is authorized to verify data directly with the DEPOSITORY. I also authorize the State of Wisconsin to make debit adjustments to the same account to correct problems or errors. This authority is to remain in full force and effect until STATE has received written notification from this organization to change the designated depository in such time and in such manner as to afford STATE and DEPOSITORY a reasonable opportunity to act on it.

PRINT OR TYPE NAME	TITLE
SIGNATURE	DATE
CONTACT PERSON'S NAME	TELEPHONE NUMBER